FILED - MQ

January 29, 2024 10:52 AM

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

| Christopher Prysox |) | | 2:24-cv-15 |
|-----------------------|---|------------------|---|
| Plaintiff/Petitioner |) | | Jane M. Beckering - U.S. District Judge |
| by by a single |) | Civil Action No. | |
| National Park Service |) | | |
| Defendant/Respondent |) | | |

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

| Total monthly income: | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
|--|-------------------|------------|------------|------------|
| Other (specify): | \$ 0 | \$ | \$ | \$ |
| Public-assistance (such as welfare) | \$ 0 | \$ | \$ | \$ |
| Unemployment payments | \$ \emptyset | \$ | \$ | \$ |
| Disability (such as social security, insurance payments) | \$ Ø | \$ | \$ | \$ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ Ø | \$ | \$ | \$ |

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer Address | | Dates of employment | Gross monthly pay | |
|------------------|---------------|---------------------|----------------------|--|
| Pra KALAK | Self Employed | 2019 - Present | SHEWW | |
| Rucho | | | s 4000 | |

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|----------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

| 4. | How much cash do you and your spouse have? \$ |
|----|--|
| | Below, state any money you or your spouse have in bank accounts or in any other financial institution. |

| Financial institution Capital One | Type of account | Amount you have | Amount your spouse has |
|-----------------------------------|-----------------|-----------------|------------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

| 5. | List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary |
|----|---|
| | household furnishings. |

| Assets owned by you or your spouse | |
|--|-----------|
| Home (Value) | 5 |
| Other real estate (Value) 104 is Mi, 104 is Wi | \$ 25,000 |
| Motor vehicle #1 (Value) | \$ 25,00 |
| Make and year: Pan 2019 | |
| Model: 15W | |
| Registration #: | |
| Motor vehicle #2 (Value) Campes | \$ 16,000 |
| Make and year: Forest River 2001 | |
| Model: Gray Wolf | |
| Registration #: | |
| Other assets (Value) 0/25 Canps | \$ 6000 |
| Other assets (Value) | \$ |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

7. State the persons who rely on you or your spouse for support.

| Name (or, if under 18, initials only) | Relationship | Age |
|---------------------------------------|--------------|-----|
| 8-165 Pr+502 | SON | 12 |
| Zoer Price | doughts | 10 |
| | | |

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

| | You | Your spouse |
|---|-------------|-------------|
| Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No | \$ 580,00 | \$ |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ 300' | \$ |
| Home maintenance (repairs and upkeep) | \$ 50' | \$ |
| Food | \$ 900. | \$ |
| Clothing | \$ 100. | \$ |
| Laundry and dry-cleaning | \$ 50. | \$ |
| Medical and dental expenses | \$ 250 | \$ |
| Transportation (not including motor vehicle payments) | \$ 350 | \$ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 50 | \$ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's: | \$ 0 | \$ |
| Life: | s 0 | \$ |
| Health: | \$ 250 | \$ |
| Motor vehicle: | \$ 150 | \$ |
| Other: | \$ | \$ |
| Taxes (not deducted from wages or included in mortgage payments) (specify): | \$ | \$ |
| Installment payments | | |
| Motor vehicle: | \$ 480 | \$ |
| Credit card (name): | \$ 40 | \$ |
| Department store (name): | \$ © | \$ |
| Other: | \$. | \$ |
| Alimony, maintenance, and support paid to others | \$ 342.0 | s |

| Regu statem | lar expenses for operation of business, profession, or farm (attach detailed ent) | \$ | | \$ | |
|----------------|---|------------|----------------|-------------|-----------|
| Other | (specify): | \$ | | \$ | |
| | Total monthly expenses: | \$ | 0.00 | \$ | 0.00 |
| 9. | Do you expect any major changes to your monthly income or expenses of next 12 months? | or in your | assets or lia | bilities du | ring the |
| | ☐ Yes ☐ No If yes, describe on an attached sheet. | | | | |
| 10. | Have you spent — or will you be spending — any money for expenses of lawsuit? Yes No | r attorne | y fees in con | junction v | with this |
| | If yes, how much? \$ 560, 00 | | | | |
| 11. | Provide any other information that will help explain why you cannot pay I have Secson income, I live on Sou | the cost | s of these pro | oceedings | • |
| 12. | Identify the city and state of your legal residence. | 1 1 | vichie | 100 | |

| Identify the city and state of your legal residence. | | millersburg | | Michigan |
|---|--|-------------|------|----------|
| Your daytime phone number: Your age: 46 Your years of | | 420 | 6160 | |

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